

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** HARBOR HOUSE I (0010129)

**Address:** 1500 ARCADIAN LANE, DE PERE, WI 54115

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2004

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0095600      **End Date:** 09/16/2005      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007193    Served 09/29/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT	01/01/2006	Yes
83.32(2)(a)1	PHYSICAL HEALTH	01/01/2006	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	01/01/2006	Yes

**Survey ID:** 0094155      **End Date:** 02/10/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Survey ID: 0093640      End Date: 11/08/2004      Type: OTHER      Purpose: COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10007046    Served 11/20/2004**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	09/16/2005	Yes
83.33(4)(a)	PERSONAL CARE	09/16/2005	Yes
83.35(3)(a)	MENU PLANNING	09/16/2005	Yes
83.35(7)(b)1	WORK AREAS AND EQUIPMENT	09/16/2005	Yes

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**Survey ID: 0092326      End Date: 04/06/2004      Type: STANDARD      Purpose: SURVEY**

**Results: LICENSE/CERT/REGISTRATION ISSUED**

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**Survey ID: 0090951      End Date: 08/27/2003      Type: INITIAL      Purpose: SURVEY**

**Results: PROBATIONARY LICENSE ISSUED**

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 05/22/2006**

**Date Investigation Completed: 06/25/2006**

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

**Date Complaint Received: 04/27/2005**

**Date Investigation Completed: 09/16/2005**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 12/15/2004**

**Date Investigation Completed: 09/16/2005**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED

QUALITY OF LIFE

NOT SUBSTANTIATED

**Date Complaint Received: 09/20/2004**

**Date Investigation Completed: 11/12/2004**

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

SUBSTANTIATED

10007046

NUTRITION & FOOD SERVICES

SUBSTANTIATED

10007046

**Date Complaint Received: 04/02/2004**

**Date Investigation Completed: 11/12/2004**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

SUBSTANTIATED

10007046

PROGRAM SERVICES

SUBSTANTIATED

10007046

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